

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 723908

**FILED**  
**Apr 24, 2023**  
**Secretary of State**  
**6140066648CC**

**Entity Name:** LEHIGH ACRES LODGE NO. 2266 LOYAL ORDER OF MOOSE, INC.

**Current Principal Place of Business:**

210 HOMESTEAD ROAD  
LEHIGH ACRES, FL 33936

**Current Mailing Address:**

210 HOMESTEAD ROAD  
LEHIGH ACRES, FL 33936 US

**FEI Number: 23-7520375**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           GIOSA, MARK  
Address        20000 PETRUCKA CIRCLE  
City-State-Zip: LEHIGH ACRES FL 33936

Title           TRUSTEE  
Name           STEVE, MCLAREN  
Address        811 DUDLEY AVENUE SOUTH  
City-State-Zip: LEHIGH ACRES FL 33974

Title           VP  
Name           WORTH, VALERIE  
Address        18317 MINOREA LANE  
City-State-Zip: LEHIGH ACRES FL 33936

Title           TRUSTEE  
Name           SUMMERS, JOHN  
Address        9201 AEGEAN CIRCLE  
City-State-Zip: LEHIGH ACRES FL 33936

Title           CHAPLAIN  
Name           ZIMMERMAN, LOYDENA  
Address        905 WILLOW DRIVE  
City-State-Zip: LEHIGH ACRES FL 33936

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MARK GIOSA**

**TREASURER**

**04/24/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date